Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			48				Γ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			₩ minus 20=		* 28			X\$ 9=	151	OR	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 =				ſ	X42=	$\mathcal{L}^{\prime}\mathcal{A}$	OR	X84≈	
MULTIPLE DEPENDENT CLAIM PRESEN								+140=	 _	OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0"			column 2	<u> </u>	TOTAL	111	OR	TOTAL	
CLAIMS AS AMENDED - PART II								,		•	OTHER	THAN
(Column 1) CLAIMS			(Colum			(Column 3)		SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	!	OR	X\$18=	
	Independent	* NTATION OF M	Minus			=		X42=	!	OR	X84=	
	TINOT PRESE	MATION OF W	OLTIPLE DEF	PENDENT	CLAIM			+140=		OR	+280=	
							Δ.	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
:		(Column 1)		(Colur	nn 2)	(Column 3)	AL	,DII. I EE			ADDI1.1 CE1	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	 	=	ı	X\$ 9=		OR	X\$18=	
	Independent	*	Minus *** TATION OF MULTIPLE DEPENDENT		CLAINA			X42=		OR	X84=	
<u> </u>	THOTFILOL	IVIATION OF IM	JETIPLE DEF	ENDENT	CLAIN			+140=		OR	+280=	
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=			X84≈	
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		-			OR		
*]	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												